

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH COLONEL JOHN SACKETT,
TSGLI
DIVISION, U.S. ARMY PHYSICAL DISABILITY AGENCY (VIA TELECONFERENCE)

TOPIC: TRAUMATIC SERVICEMEMBERS' GROUP LIFE INSURANCE PROGRAMS

MODERATOR:
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MANAGER, AMERICAN FORCES INFORMATION SERVICE

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LT. CMDR. DEWALT: Okay. Hello. I'd like to welcome you all to the
Department of Defense Bloggers Roundtable for Tuesday, July 3rd, 2007. My name
is Lieutenant Commander Brook DeWalt, with the Office of the Secretary of
Defense, Public Affairs, and I will be moderating our call today.

This afternoon our guest, from Alexandria, Virginia, is U.S. Army Colonel
John Sackett of the U.S. Army Physical Disabilities Agency Human Resources
Command. The colonel serves as chief of the Combat- Related Special
Compensation and Traumatic Servicemen's Group Life Insurance Divisions. We are
pleased to have you as a guest today, sir. Thanks for joining us.

COL. SACKETT: Thank you very much. Pleasure to be here.

LT. CMDR. DEWALT: Great.

A note to our bloggers on the line today: please remember to clearly state your name and blog or organization in advance of your question, and please respect the colonel's time, keeping your questions succinct and to the point.

That said, Colonel, sir, do you have any opening statements you'd like to make?

COL. SACKETT: Yes, I do. I first just want to state that we have two programs, as you mentioned. We have Combat-Related Special Compensation, which is a congressionally mandated program and was effective as of 1 June 2003. What it does is provide compensation for eligible retired veterans who have served 20 years, with combat-related injuries, and have a VA rating of 10 to 100 percent.

What the process involves, of course, is the same as TSGLI, and we can get into that in a little bit later.

As far as TSGLI, that program is also a congressionally mandated insurance program. That began on 1 December of 2005. The intent of this program, of course, is to provide traumatically injured soldiers short-term financial support. And for those of you out there who understand SGLI, Servicemembers' Group Life Insurance, TSGLI is bundled with that for an additional dollar per month for that benefit.

This program provides for up to \$100,000 per event, depending on injury. And to date, Army has paid out over \$130 million for service members, approximately 2,200 service members who have received this.

Also, I just wanted to mention that our program has two aspects -- the retroactive, which covers back to 7 October 2001, and the prospective program, which covers 1 December 2005 forward. The big difference in these programs is the prospective programs covers anytime, anywhere, whereas the retroactive covers soldiers only injured in combat zones.

I think that will probably summarize the opening statement for our two programs.

LT. CMDR. DEWALT: Great. Thank you very much, sir. And we can go ahead and go right into some of our -- the blogger questions, and I'll go ahead and call on the folks as they called in. Right now we only have two individuals online, but we may have more as we proceed, but let's begin with Andrew Lubin.

Q Yeah, Colonel, good morning. This is Andrew Lubin from ON Point. Could you talk a little bit, please, on the traumatically injured soldier fund? What is the payout schedule? Is it -- and I hate to be -- to make it sound crass, but I don't know enough -- is it so much per arm, so much per leg, or how do you -- how is this apportioned out?

COL. SACKETT: Okay. This program -- the proponents of this program, first of all, is the Veterans Affairs, and each of the services are the implementers of the program. And the amounts that have been determined were something that the Veterans Affairs went out into the private sector and looked at death and dismemberment-type of plans. They incorporated this into our process and also added something called activities of daily living to take in other types of medical need or situations. And, yes, there are 44 losses; one through 43 of the loss schedule is definitive loss of limb, sight or other type of loss that you can get a(n) exact measurement on. The 44th loss is the activities of daily living, which was something that takes into account the

inability to perform a normal activity for daily life. You'd have to have two or more of those per 30 days or more to qualify for the first \$25,000. Up to 120 days, you'd then have \$100,000.

Q I'm sorry -- two or more for 30 days --

COL. SACKETT: Excuse me. You have to have two or more ADLs at -- in which you're completely dependent, and then if you have 30 days -- a minimum of 30 days, you'd have \$25,000; 60 days, \$50,000; 90 days, \$75,000.

Q Okay. Thank you.

LT. CMDR. DEWALT: Grim, your turn.

Q Greetings. Colonel, this is Grim from Blackfive.

COL. SACKETT: Good to meet you.

Q I am looking over the document that OASD sent out -- the debunking myths document -- I gather it's from your office -- about the TSGLI program. It says, myth number two -- you are familiar with this document?

COL. SACKETT: Yes.

Q Yeah, okay.

Myth number two: A health care provider's statement is all that is needed to verify a TSGLI claim. While TSGLI claims won't be approved without a statement from a health care provider, additional documentation must be provided to substantiate the claim.

In order to convey to our readers what kind of documentation they are likely to need, could you give some examples of additional documentation and talk a little bit about the process for any of our readers who may need to apply?

COL. SACKETT: Certainly.

The kinds of documentation which that really pertains to is activities of daily living. Typically, if it's Losses 1 through 43, it's pretty clear if you have a physical loss that a doctor makes a statement and writes on the claim form, they have a physical loss, which of course would be supported by operating room narrative summaries. However, for the activities of daily living, you would need something that would allow us to determine duration of each ADL impacted. So what that means is tying it back to a time frame such as 30, 60, 90 or 125 days. That's duration. Then the two ADLs -- we'd have to say, well, what was the level of impact, meaning that they were completely dependent on another to do this.

Now the documents that we have found most commonly support that duration of each ADL impacted are occupational therapy/physical therapy-type reports. Also, because of traumatic brain injury, neurological reports are very, very helpful. Nurse's notes, as well, because typically nurses will be taking care of a patient in the hospital and from day to day going in and logging their progress or lack of. And so those are probably right on top, which would take care of the ADL issue. I think that would probably be the most common documents that we would use.

Q And just to assist both our readers, and also of course your own office, in getting the right documentation, how do you go about getting that? Because of course I've been to hospitals and whatnot myself, and I don't recall ever receiving the nurse's note. How do you apply to receive that?

COL. SACKETT: Okay, typically, we cannot do that simply because of HIPAA and Privacy Act. Therefore, it's unfortunately incumbent on -- and this has put a little bit of a burden on the soldier and the medical side, but typically the servicemember needs to go to the personnel administration division of each hospital and procure a copy of their records.

And within those records they should have a copy of all the treatments that they've had with relation to either their physical loss or their ADL loss.

Q All right. Thank you.

COL. SACKETT: Certainly.

LT. CMDR. DEWALT: Great. Andrew, do you have any additional questions?

Q Yes, I do. Colonel, Andrew Lubin again, ON Point. How did -- and again, I -- I'm not as prepared as Grim is, so I apologize for my question.

COL. SACKETT: No problem.

Q How does someone with post-traumatic stress syndrome fit into your program or does he?

COL. SACKETT: Well, for TSGLI currently, the only thing that would fit in is if perhaps they had traumatic brain injury or they had some other thing. But as far as post-traumatic stress syndrome itself, TSGLI has not allowed for that loss at this point in time. However, Veteran Affairs is working towards adding additional losses and additional, let's say, means to bring others such as post-traumatic stress syndrome into the TSGLI program.

Now, in Combat-Related Special Compensation, or CRSC, it is covered. So for instance, you have an individual who for whatever reason did not qualify for one of the losses in TSGLI and they've been in the service -- they're a senior-ranking NCO or officer and they've got 20 or more years -- then they could then apply for CRSC, and under the guise of the PTSD injury immediately be awarded for that type of injury due to its link to a combat-related scenario.

Q What about a kid who's -- what about a kid who's 19 comes back now? Would he qualify or is he just SOL until Veterans Affairs --

COL. SACKETT: Well, there are a couple of things that are developing, and one, of course, if you're talking back to the post-traumatic stress syndrome, there's pending legislation to bring medical Chapter 61 retirees into that program, and they're looking between one and 19 years at that type of program. But all that is pending legislation.

Q Okay. Pending -- has it -- is this subject to vote in Congress or VA proposing it, or can you tell us the status?

COL. SACKETT: Certainly, certainly. Well, Army can propose that; I have proposed it through my chain of command through Department of Army. And DOD, in

turn, proposes it if they chop off on it, propose it up to Congress. The VA, in addition, depending on which program we're referring to here, they propose it.

But in essence, I have proposed both TSGLI and CRSC legislative improvements to the program, as well as meetings with the VA and the other services, to ensure that we meet the needs of the soldier or retiree.

Q Okay. How far along the chain is it, then?

COL. SACKETT: You mean in terms of --

Q Well, you proposed it to the Army. Has the Army passed it along to the DOD?

COL. SACKETT: Yes, it has gone up to DOD, and I don't know at this point in time where it's at. I believe, though, they are just getting ready, once all the services come together, having a consolidated document and sending it forward to Congress and the president.

Q Okay. Do you have any idea, please, on the -- is this another two weeks, six weeks? Any idea on the timing?

COL. SACKETT: No, I really don't --

Q Or approximate timing, as the case may be?

COL. SACKETT: Actually, I would have to say DOD would probably be able to answer that if --

Q Okay.

COL. SACKETT: -- you have some means of getting hold of them.

Q Okay, I appreciate that.

Is this something, sir, that's on a time schedule, where you have to -- if they receive it on the 1st of July, they have 30 days or 45 days to accept it, reject it or pass it on?

COL. SACKETT: Now, are you talking about the proposed legislation or the claims for TSGLI?

Q Well, you passed -- TSGLI. You passed it up the chain of command to the Army, they recommended it, gave it up to DOD. Is there any set time where they have to look at it and pass it or reject it, or can it just sit there?

COL. SACKETT: Well, there's a lot of administrative background that goes on between that and those who submit it. There are those who have -- Office of Management and Budget within the Army, not only in Congress but in the Army -- they have this budget feature where they have to examine do we have the right statistics to support our position and justification. So it goes back and forth and back and forth until all the parties are in agreement and have provided sufficient justification of what the cost of such improvements to the program, and then that the DOD would be able to present these costs onward to the Congress and Office of Management and Budget.

Q

Great. Thank you.

Sorry, Grim, your turn.

MODERATOR: Grim, did you have any additional questions?

Q One more if we have time.

MODERATOR: Absolutely.

Q Andrew Lubin reminded me of this with the question about post-traumatic stress disorder. I talk occasionally to Marines who are back from Iraq, particularly some of the guys who fought in Fallujah in 2004, and a lot of them didn't want to apply for any sort of benefits or any sort of assistance with PTSD and, you know, any similar thing, on account of fear -- a very justified fear -- that it might interfere with their future employment prospects or other sorts of things.

In looking at considering ways of dealing with this problem in the future, are you taking steps or recommending steps to ensure that people who feel like they need maybe to seek a little help are not going to then be penalized for seeking help in the future?

COL. SACKETT: Well, from our standpoint, you know, with HIPAA, we do not forward this information to anybody. So if they come directly to us, this information stays between me and the claimant. But as far as it going outside, I realize that stigma out there. I mean, we've seen this very clearly with CRSC, where many veterans did not submit for PTSD from World War II because of the stigma attached, and from Vietnam -- you name it. And so I think for a retiree, it's not so much of an issue, but you're right to say for TSGLI, that could be an issue if this program were to allow for it.

However, one thing that you have to be aware of is now the services, the medical command -- and I don't want to speak outside of my area -- but I do know they are working very proactively on the ground in Iraq and Afghanistan with what they call the MACE test -- M- A-C-E -- and it's a Medical Analysis Cranial Examination, I believe. And this is something also that AW2, Army Wounded Warrior, has addressed specifically and could probably provide you more information on how they're handling the stigma of PTSD.

Q It's not the stigma so much as it is the statutory aspects. You were talking about informing, you know, people about what legislation you might need to address. I was wondering if this is something that you've considered.

For example, if you're a former Marine and you apply for a job with Homeland Security, one of the questions they're going to ask you under oath is, you know, have you had medical treatment for psychological issues? That's something that, if you're talking about legislation, you might want to think about in order to make sure that people are willing to come forward and get help if they feel like they need it. I was just wondering if it is something that your office is considering, and to what degree you have addressed it.

COL. SACKETT: You know, the one reason I like going out of the office and talking to soldiers and various TDY trips is to get that kind of feedback. You know, if you stay inside your office and just execute the program, you don't get feedback like that, and so that kind of feedback is truly invaluable because I

hadn't looked beyond the program scope to think of what impact that would cause to future employment for any service member with PTSD. I know within the service, that's been a concern, but now I think the service in itself is starting to take that into account. You have individuals coming back from Iraq, Afghanistan, who do have various forms of posttraumatic stress syndrome and now will be identified, whether they like it or not, right up front.

But then again, these individuals are going to stand for their career purposes and will be getting secret clearances and top-secret clearances.

So I can't but think that that will be taken into account in the DOD level and that you're certainly right. That needs to go forward into general society through the Congress. And that's a very good proposal and I'll see what I can do with that.

Q Thank you very much.

Q Brook, we got time for another one?

LT. CMDR. DEWALT: Colonel are you okay with another question?

COL. SACKETT: I'm fine.

Q Colonel, to follow up on Grim's question, which followed up on mine, what about -- you know, I'm not thinking of the retiree who really has no stigma except maybe his, you know, wife is pushing him to do this. But the kid who's 19 or 20 comes back and wants to see the doc and suddenly, you know, because word of this -- it's all supposed to be secret but of course it never is -- leaks out that, you know, Lance Corporal Schmuckitelli is going for a PTSD problem and his career has kind of ended at that point.

Is there anything with the medical services to work on PTSD being as equally acceptable as having your hand shot off?

COL. SACKETT: Well, I have to say, from everything I've seen with the Army Medical Action Plan and the different communities that in MEDCOM are working that this is something that they're very concerned, first of all, to identify. If these individuals aren't identified that they have perhaps exposure to post-traumatic stress syndrome, and then they go down range to their unit and into a new company commander and new first sergeant, and all of the sudden there are behavior problems and they don't know why, and then they just X them out of the military -- well, by having this identified in their medical record, these are the kind of things that will indemnify them and actually protect them and keep them in their career.

So from that standpoint within the Army, I think there's more protection being built into the system by early identification and treatment. And a lot of that early identification and treatment will really lend itself to proactively healing a lot of that situation that otherwise, left to its own, just magnifies.

Q Have you talked to any of the Marine medical people on this? Because I would -- I'm thinking of my son coming back from two tours. And first time came back from OIF 1, and they went through the things -- went through the surveys on the ships. You know, as the kids are -- and as Ryan said, no, we never saw no bodies; we saw no action; we -- you know, they would have killed themselves rather than talk about stuff like this.

COL. SACKETT: That's very true, very true. Yeah, there's -- go ahead.

Q Yeah, Grim, I can't speak to the Army; you can. But I mean, knowing my Marine friends, they'll -- matter of fact, I got an e-mail from a father yesterday, said, hey, my son has come back; he seems to drink more than before he left for Fallujah. Yeah, no shit, Oscar. You know, there seems to be a mindset that PTSD is not an acceptable wound.

COL. SACKETT: Yeah, I've heard lots of reports of increased drinking, although I'm not sure how much that has to do with PTSD and how much that has to do with hanging around exclusively with other Marines for a long time.

Q (Laughs.) I'll get you for that.

LT. CMDR. DEWALT: This is Brook DeWalt. I would just also just like to add as a resource for you all the issue of the stigma aspect was recently addressed by SecDef Gates, and if you go on-line to dodvclips.mil, it is addressed. He was in a -- I believe it was one of his weekly roundtables with the media, and the first few minutes of it on whatever the main issue was he did address the stigma issue. And so I believe that's going to be a resource for you all if you want to check that out. It's listed on there. It's in the first couple minutes of one on "Support and care for the wounded."

Q Do you have any -- do you have a date?

LT. CMDR. DEWALT: I don't it on hand, but I can get that to you off-line.

Q If you could e-mail, and I'll -- that's what I can do tomorrow. But if you could e-mail it to me, I'd appreciate it.

Hey, Colonel, quick question before you got to run, first of all, we appreciate you taking the time. Grim mentioned the DOD -- the OASD debunking myths program. Could I get a copy of that? Can you send that to Commander DeWalt, and he can pass it on to me?

COL. SACKETT: Certainly.

Q Brook, you okay with that?

LT. CMDR. DEWALT: That'd be fantastic.

Q Thanks. Okay. Grim, back to you.

Q That's all for me, actually. I don't think I have anymore questions at this time.

LT. CMDR. DEWALT: Okay. Fantastic. Andrew, any other questions from you?

Q Nope, I'm good. Colonel, thank you for the time, and can we -- if we have any follow-ups, can we approach you through Commander DeWalt?

COL. SACKETT: Yes, please.

Q Thanks.

LT. CMDR. DEWALT: That'd be great.

Thank you all. We've had some great questions and comments today.

As we wrap up today, I'd like to ask the colonel if he's got any final comments?

COL. SACKETT: Yes, I do. And I appreciate the fact that we had that issue with the post-traumatic stress syndrome and the comments that you made. We'll go forward with that.

At the same time, I think DOD level is, as I said before, from everything I've heard, is working very proactively. I'm glad to hear that Mr. Gates has also addressed that.

I just want to re-emphasize, though, where we are today with TSGLI and CRSC, as this is where we need to really address what we are doing and how we are helping our soldiers. As you know, our two programs put together literally are cradle-to-grave type of programs, and with that, I just want to leave with you that TSGLI does award up to \$100,000 per event. You could have an individual who has more than event, however, and receives another \$100,000.

So let it be known that there are very important aspects of this program that we really need your help in getting the word out on.

As far as CRSC, I think the bottom line with CRSC is that any documentation that comes to us needs to establish clearly how they got the injury. And that would be the same, I think, for TSGLI -- not only how they got the injury in TSGLI, but what is the duration of each ADL impacted, because that's where we have the majority of denials. In TSGLI, it's under the ADL. And so if you can push out that one bullet, that would be, what is the duration of each ADL impacted on which they are completely dependent? And that would be critical for TSGLI and for CSRC. It would be, in medical documentation, how did you receive that injury.

With those two bits of information or two bullets, I think it would best serve our service members from the beginning of their careers through their retirement.

Q Great.

LT. CMDR. DEWALT: Very good. Thank you, Colonel.

In conclusion, I'd like to add that today's program will be available online at the Bloggers Roundtable link on defendamerica.mil, where you'll be able to access a story from the American Forces Press Service based on today's call, along with source documents such as this audio file, print transcripts and biographies.

If there are any questions about the program, please contact the Department of Defense New Media Team at 703-325-0103 or e-mail at bloggeroutreach@hq.afis.osd.mil.

Again, thank you, Colonel Sackett and our blogger participants.

Q Thank you, Lieutenant Colonel.

Q Colonel, thank for the time. Colonel, appreciate it.

Q Thank you.

COL. SACKETT: Absolutely. Thank you all.

LT. CMDR. DEWALT: This concludes today's event. Feel free to disconnect
at any time. Thanks again.

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